

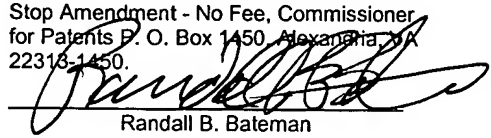


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Jimmy A. Parks, et al.  
SERIAL NO.: 10/645,284  
FILING DATE: August 21, 2003  
TITLE: PROJECTILE RETRIEVAL SYSTEM  
ART UNIT:  
EXAMINER:  
DOCKET NO.: 2370.ACT1.NP

**CERTIFICATE OF MAILING  
UNDER 37 C.F.R. § 1.8**

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Randall B. Bateman

3/1/04  
Date of Deposit

**INQUIRY AS TO STATUS OF PATENT APPLICATION**

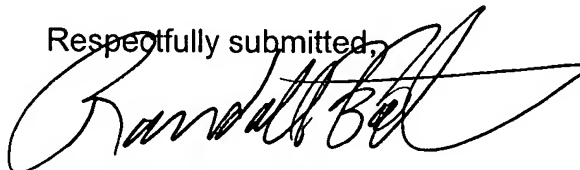
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Sir:

Inquiry as to the status of the above-referenced patent application is hereby requested. No filing receipt has been received since the filing of the application on August 21, 2003. Please advise.

DATED this 1<sup>st</sup> day of March, 2004.

Respectfully submitted,

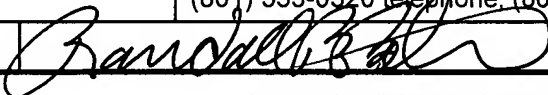
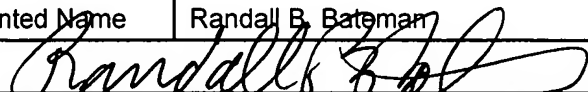


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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	10/645,284	
	<b>Filing Date</b>	August 21, 2003	
	<b>First Named Inventor</b>	Jimmy A. Parks, et al.	
	<b>Group Art Unit</b>		
	<b>Examiner Name</b>		
<b>Total Number of Pages in This Submission</b>	6	<b>Attorney Docket No.</b>	2370.ACTI.NP

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Assignment with Cover Sheet <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Check in the amount of \$____ <input type="checkbox"/> Credit card authorization in the amount of \$____ <input type="checkbox"/> Declaration & Power of Attorney <input checked="" type="checkbox"/> Drawings <u>4</u> sheets <input checked="" type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Extension of Time Request _____ month <input type="checkbox"/> Fee Calculation Table <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form 1449 <input type="checkbox"/> Copies of IDS References <input type="checkbox"/> Issue Fee Transmittal & Advance Order	<input type="checkbox"/> Maintenance Fee Transmittal _____ year <input type="checkbox"/> Missing Parts Response <input type="checkbox"/> Notification of Change of Attorney Address & Docket Number <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Revocation & Power of Attorney <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Other: <u>Status Inquiry</u>
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT		
Attorney for Applicant	Randall B. Bateman, Registration No. 37,774 4 Triad Center, Suite 825 P. O. Box 1319 Salt Lake City, Utah 84110 (801) 533-0320 telephone; (801) 533-0323 facsimile	
Signature		Date <u>3/1/04</u>
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Signature		Date <u>3/1/04</u>